

A Medical Corps for the Armed Services

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Once more with the steadily approaching specter of a general world war, there is a stockpiling of all the commodities of combat against the day of eventual full emergency. Airplanes, tanks, atom bombs, food, combat personnel; in fact, all the armamentarium is being assembled for readiness.

Unheeding an experience no more than five years past, there is every evidence that the medical profession is to be regarded as a commodity which can be stockpiled and expended extravagantly. In fact, high command military officials, speechmaking Congressmen and glib, syndicated columnists support the demands for doctors by charges which intimate disloyalty and ingratitude on the part of physicians. Unfortunately, these statements have been supported by spokesmen for the medical profession.

The United States has never been engaged in any war wherein the medical profession has deported itself in any way except to the benefit of the wounded, the honor of the nation and to its own great credit. Moreover, in the minds and hearts of the doctor soldiers, the importance of their contributions has always been in that order.

It was generally conceded at the end of World War II that the care rendered the wounded by American doctors was the best in the history of any war and certainly better than the average care received by the casualties of any other nation.

All of this was done with a concerted effort by a profession whose principles are those of saving life rather than inflicting death. There is no instance which would indicate that the individual doctor is any less loyal to the support of his government than any other citizen and there is abundant evidence that as a profession physicians have been an outstanding example of group patriotism.

Now, however, doctors are to be drafted into the military services. It would seem appropriate to examine some of the circumstances surrounding the precipitate legislation which has been hurried through the Congress and which can and may lead to the peacetime regimentation of doctors without the necessity of passing a bill for socialized medicine.

It has been stated that those young doctors who were in medical school during World War II in either Army or Navy educational programs owe their education to the government. It has never been pointed out, however, that the majority, if not all, of those medical students had chosen medicine as their life's work and were either enrolled in medical schools or were engaged in their premedical education. They were inducted into the Army or Navy and, *at the convenience of the government*, were ordered to units which insured the continuation of their studies and the production of doctors necessary to the war effort.

Young men were given intelligence and aptitude tests which were designed to convince the Army and Navy that they were suited to become doctors. What prevented the assignment of these men to combat units which Congressmen and columnists have indicated would have been a more honorable service?

The evidence of the beliefs of these gentlemen lies in their columns and in their revisions of the Selective Service Law. It is undoubtedly a fact that every medical student during the period of World War II would have become a doctor upon his own initiative and by his own mental and financial efforts. Why, then, should this group of young doctors be stigmatized by what is apparently and admittedly class legislation? Other men were trained in other fields during the past war and upon their return to civilian life have taken advantage of that training. It is right that this be so, but do they owe that training to the government which ordered it to suit the needs of the military? Did they not serve honorably and well?

Why is it that the medical profession has not volunteered in numbers sufficient to make a draft unnecessary? The answers lie within the organization of the Medical Corps of the Army, Navy and Air Force.

Is it unreasonable to assume that their attitude may have been colored by firsthand knowledge of the frustrations, stupidities and inefficiency of direction suffered just a few years ago? Doctors were justifiably irritated by the inanities of plans and training programs, forced upon them, not through reason, but by superior rank and written rule to support that rank. They remember not being allowed to schedule operations because upon that morning all doctors must devote themselves to the inspection of latrines, the motor pool and the enlisted men's day room. They remember being ordered to leave their wards of sick and wounded men to act as military police for two weeks, before being allowed to come up for promotion in rank. During those two weeks, instead of treating battle wounds, malaria, or hepatitis, they remember making the rounds of houses of prostitution to rout out the wayward G.I., or they trapped the unwary soldier on the street for not saluting properly, or they caught him out on pass and made him roll down his sleeves or jerk up his tie. Might not these be examples of the extravagant use of the medical profession?

It is also difficult for the civilian doctor to understand why the Navy, Army and Air Force insist upon having separate and distinct hospitals under their own command. It is hard for the surgeon to understand why a fractured femur, regardless of whether it was sustained in ground combat, on a ship, or in an airplane accident, should not be treated in the same manner in one hospital to which any soldier, marine, sailor or airman might be sent.

It is difficult for the civilian doctor to understand why unification, not upon paper but actual unification, of the medical services to the wounded cannot be effected. The medical profession knows that the office of the medical director to the Department of Defense is not unification of the medical services. There would seem to be only two answers possible which would explain the failure to implement the recommendations submitted for unification of the medical services. One answer is political expediency, because it is obvious that the President of the United States, as Commander-in-Chief, could put such a unification plan into effect immediately. True it is, that he would have to dismiss the present surgeons general of the Army, Navy and Air Force. The second reason is that command of separate hospital installations means command of personnel and the latter means the distribution of rank according to tables of organization. Rather simply stated, three separate medical services mean more colonels and generals.

Finally, the attitude of the civilian doctor toward the present military situation may reflect his concern over the fact that he knows that never again can medical talent be squandered in time of war. Atomic all-out warfare means medical care for the entire civilian population as well as those in combat. The thoughtful doctor knows that the abilities of his profession, private and public hospital facilities, medical supplies, indicated elective surgical procedures; in fact all medical care in this country will have to be rationed circumspectly. He knows that in the hospitals of the Veterans Administration there are beds occupied by patients with nonservice-connected disabilities which could be used for the

present Korean casualties. He knows that they would receive the highest type of medical care in the several veterans' hospitals associated with medical schools; he knows that men whose wounds require amputation of an extremity should be flown immediately to those veterans' hospitals wherein they may receive the benefits of all of the research and investigations which have been carried on in recent years upon prosthetic appliances and rehabilitation of the amputee; he knows that the Army, Navy and Air Force should have staffed and organized their hospitals by the part-time services of the civilian doctors in peacetime so that the transition to war could have been smooth and uninterrupted; he knows that this was not done because a doctor in civilian clothes does not fulfill the requirements of a table of organization for command purposes; he knows that the Veterans Administration enrollment, organization and utilization of the civilian medical population has been successful.

There should be a medical corps for the armed services and hospitals for the sick and wounded from any branch of the armed services. Indoctrination of doctors into the combat field peculiarities of ground, sea or air fighting is not an insurmountable task under such a service. It would not be difficult to create a pool of regular armed service doctors who would be attracted to such a career of medical and public health administration and would be competently trained to coordinate the efforts of the civilian doctor brought into the emergencies of war. It would be far better for efforts to be expended toward such a goal than to initiate draft legislation which is another step toward the complete regimentation of the American people.

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